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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/537047
	Filing Date	PCT/US 2003/0004735
	First Named Inventor	MARK GEAH
	Title	THERAPEUTIC & PROPHYLACTIC PREPARATIONS
	Art. Unit	1623
	Examiner Name	ELL PESELEV
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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<p><b>POWER OF ATTORNEY: THE APPLICANT DR MARK GEAH WILL NOW ACT IN PLACE OF THE PREVIOUS ATTORNEY IN RESPECT OF APPLICATION 10/537047. I NO LONGER USE KET GRAWFORD OF NIXON VANDERHART</b></p>	

Please recognize or change the correspondence address for the above-identified application to: DR MARK GEAH

☐ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	DR MARK GEAH		
Address	ALLEN BARRON SUITE, 104 WEST GRAND AVENUE, ESCONDIDO		
City	ESCONDIDO	State	CA
Country	USA	Zip	92025
Telephone	310 593 1012	Email	info@zoolife.com

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71, Statement under 37 CFR 3.73(b) (Form PTO/SB/98) submitted herewith or filed on \_\_\_\_\_

## SIGNATURE of Applicant or Assignee of Record

Signature		Date	06/15/2010
Name	MARK GEAH	Telephone	310 593 1012
Title and Company	INVENTOR		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of ONE forms are submitted.

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